

APPLICATION FOR FLOOD RELIEF ASSISTANCE

Name _____

Address _____ City _____

Home/Cell phone # _____ Work phone # _____

How many people are living in residence: _____ Adults _____ Children

Residence is: _____ House _____ Apartment Do you: _____ Own _____ Rent

Do you have Insurance? _____ Yes _____ No Flood Insurance? _____ Yes _____ No

What resources/assistance are you requesting? _____

(attach additional pages, if needed)

Why are you not able to obtain this yourself? _____

(attach additional pages, if needed)

Have you requested assistance through other resources? _____ Yes _____ No If Yes, list the resource(s) and what assistance was given. _____

(attach additional pages, if needed)

APPLICANT STATEMENT: I agree and affirm that I am making voluntary application for assistance for disaster relief from the Fond du Lac County Unmet Needs Project. I understand that the information contained in this application and the accompanying Individual/Family Plan for Recovery and the Release of Confidential Information form will be utilized by the Fond du Lac County Unmet Needs Project to assist me with my disaster-related needs. I understand that the assistance is not guaranteed and that the case worker does not make the final determination of the availability of funds or other kinds of help. My signature below signifies that I have read and/or understand this document and the service being provided me.

Signature of applicant _____ Date _____

Submit completed application to: Fond du Lac United Way
74 South Main Street
Fond du Lac, WI 54935

Applications can also be emailed to: disasterrelief@fdlco.wi.gov